

## COST BASED REIMBURSEMENT FOR SCHOOL DIVISIONS

School providers submit claims based on the estimated costs for services furnished. DMAS makes interim payments on claims. Final payment will be based on each school division's costs reported and settled on an annual cost report. Personnel costs are determined by multiplying payroll costs of qualified practitioners times the percent of time qualified practitioners spend on medical services (determined by a statewide time study) times the percentage of IEP Special Education students that are Medicaid or FAMIS eligible. Non-personnel costs and indirect costs are also included. School divisions may contact DMAS Provider Reimbursement at 804-786-3673 for assistance with cost reports. Please visit the Department of Education website at [www.doe.virginia.gov](http://www.doe.virginia.gov) for more information.

### SCHOOL SERVICE CODES

#### School Rehabilitation Services

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
97001	Physical Therapy Evaluation	Per evaluation	115.32
97110	Physical Therapy Individual Visit	Per visit	95.91
97150	Physical Therapy Group Session	Per individual/Per session	31.91
97003	Occupational Therapy Evaluation	Per evaluation	115.32
97530	Occupational Therapy Individual Visit	Per visit	95.91
S9129	Occupational Therapy Group Session	Per individual/Per session	31.91
92506	Speech Therapy Evaluation	Per evaluation	115.32
92507	Speech Therapy Individual Visit	Per visit	95.91
92508	Speech Therapy Group Session	Per individual/Per session	31.91

#### School Psychological Services

CODE	SERVICE DESCRIPTION (One unit is per visit unless otherwise noted.)	UNIT	MAX. RATE
90801	Psychiatric diagnostic interview examination	Per exam	111.77
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	Per exam	118.57
90804	Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility	Approximately 20-30 minutes face-to-face with patient	47.59
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility	Approximately 45-50 minutes face-to-face with patient	69.62
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility	Approximately 75-80 minutes face-to-face with patient	103.07
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility	Approximately 20-30 minutes face-to-face with patient	50.85
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility	Approximately 45-50 minutes face-to-face with patient	75.05

Maximum rates are as of 7/1/07. Providers are responsible for obtaining current rate information.

	communication in a office or outpatient facility		
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility	Approximately 75-80 minutes face-to-face with patient	108.23
90846	Family Psychotherapy (without the patient present)	Per session	67.71
90847	Family Psychotherapy (conjoint Psychotherapy with patient present)	Per session	83.21
90853	Group Psychotherapy (Other than of a Multiple Family Group)	Per session	23.38
90857	Interactive Group Psychotherapy	Per session	25.83
96101	Psychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.	Per hour	67.71
96102	Psychological testing with qualified health care professional interpretation and report, administered by technician, face-to-face	Per hour	35.63
96103	Psychological testing administered by a computer, with qualified health care professional interpretation and report.	Per test	27.74
96116	Neurobehavioral status exam, both face-to-face time with the patient and time interpreting test results and preparing the report.	Per hour	76.15
96118	Neuropsychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.	Per hour	89.47
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation and report	Per test	42.69

### **School Psychological Services Modifiers**

Schools must use a modifier below when billing for psychological services to identify the provider type.		
U6	Psychiatrist	
AH	Licensed Clinical Psychologist	
AJ	Licensed Clinical Social Workers Licensed Professional Counselors Licensed School Psychologist Licensed School Psychologist-Limited	Psychiatric Clinical Nurse Specialist Marriage and Family Therapists School Social Worker

### **Skilled Nursing Services**

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
T1001	Skilled Nursing Assessment/Evaluation	15 minutes or less	9.00
T1002	RN Services	15 minutes or less	9.00
T1003	LPN Services	15 minutes or less	9.00

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### **Audiology**

<b>CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>MAX. RATE</b>
92553	Pure tone audiometry (threshold); Air and bone	19.86
92555	Speech audiometry threshold	11.42
92556	With speech recognition	16.86
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	36.17
92559	Audiometric testing of groups	15.75
92560	Bekesy audiometry; screening	23.68
92561	Diagnostic	20.94
92562	Loudness balance test, alternate binaural or monaural	14.14
92563	Tone decay test	12.23
92564	Short increment sensitivity index (SISI)	13.87
92565	Stenger test, pure tone	10.88
92567	Tympanometry (impedance testing)	15.50
92568	Acoustic reflex testing; threshold	9.79
92569	Decay	10.61
92571	Filtered speech test	11.70
92572	Staggered spondaic word test	6.26
92573	Lombard test (deleted 12/31/2006)	9.94
92575	Sensorineural acuity level test	14.14
92576	Synthetic sentence identification test	14.14
92577	Stenger test, speech	18.22
92579	Visual reinforcement audiometry (VRA)	22.30
92582	Conditioning play audiometry	23.93
92583	Select picture audiometry	25.02
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	39.15
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	53.84
92592	Hearing aid check; monaural <b>(Effective 1/1/08)</b>	
92593	Binaural <b>(Effective 1/1/08)</b>	
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	66.99
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	106.33
92602	Subsequent programming	73.15
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	67.17
92604	Subsequent programming	43.79
92620	Evaluation of central auditory function with report; initial 60 minutes	37.53
92621	Each additional 15 minutes	9.51
92625	Assessment of tinnitus (including pitch, loudness matching, and masking)	36.98
92626	Evaluation of auditory rehabilitation status; first hour	59.01

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92627	Each additional 15 minutes	14.69
92630	Auditory rehabilitation; prelingual hearing loss	95.91
92633	Postlingual hearing loss	95.91

### **Medical Evaluations**

<b>CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>UNIT</b>	<b>MAX. RATE</b>
T1024	Medical Evaluation by MD, NP or PA as part of IEP process	Per encounter	96.51

### **Transportation**

<b>CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>UNIT</b>	<b>MAX. RATE</b>
T2003	Special Education Transportation – non emergency	Per trip	7.00

### **Personal Care Services**

<b>CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>UNIT</b>	<b>MAX. RATE</b>
T2027	Personal Care Services - individual	15 minutes or less	3.58
S5125	Personal Care Services – group up to six individuals	15 minutes or less	1.18

### **EPSDT Services**

School Health Clinics will get 100% rate reimbursement for screening services and related tests for children with “fee-for-service” coverage, as well as those covered under MEDALLION, Medicaid’s Primary Care Case Management program. DMAS will not reimburse local school divisions directly for EPSDT screening services and related tests for children enrolled in a MCO.

<b>CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>UNIT</b>	<b>MAX. RATE FOR &lt; 21 YEARS OF AGE</b>
<b>EPSDT Health, Vision and Hearing Screenings</b>			
92551	Screening test, pure tone , air only	Per test	7.07
92552	Pure tone audiometry (threshold); air only	Per test	13.87
99173	Screening test of visual acuity, quantitative, bilateral	Per test	64.04
99381	Initial comprehensive preventive medicine, new patient infant (age under 1 year)	Per exam	83.04
99382	Early childhood (age 1 through 4 years)	Per exam	89.72
99383	Late childhood (age 5 through 11 years)	Per exam	88.45
99384	Adolescent (age 12 through 17 years)	Per exam	96.09
99385	18 – 39 years	Per exam	96.09
99391	Periodic comprehensive preventive medicine, infant (age under 1 year)	Per exam	64.90
99392	Early childhood (age 1 through 4 years)	Per exam	72.55
99393	Late childhood (age 5 through 11 years)	Per exam	71.91
99394	Adolescent (age 12 through 17 years)	Per exam	79.22
99395	18 – 39 years	Per exam	79.86

Maximum rates are as of 7/1/07. Providers are responsible for obtaining current rate information.

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE FOR < 21 YEARS OF AGE
<b>EPSDT Inter-periodic Screenings</b>			
99201	Office or other outpatient visit, for the evaluation and management of a new patient, face-to-face with the patient and/or family, which requires these three components: <ul style="list-style-type: none"> <li>• A problem focused history;</li> <li>• A problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	Up to 10 minutes	28.73
99202	<ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	20 minutes	49.37
99203	<ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of low complexity.</li> </ul>	30 minutes	71.40
99204	<ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination;</li> <li>• Medical decision making of moderate complexity.</li> </ul>	45 minutes	109.34
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually the presenting problem(s) are minimal	Up to 5 minutes	15.35
99212	Office or other outpatient visit for the evaluation and management of an established patient, face-to-face with the patient and/or family, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>• A problem focused history;</li> <li>• A problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	10 minutes	28.73
99213	<ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination;</li> <li>• Medical decision making of low complexity.</li> </ul>	15 minutes	47.70
99214	<ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of moderate complexity.</li> </ul>	25 minutes	71.96

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